

# CalSAWS | Enhancement Request (CER)

**ALL: Download this form and when completed and authorized by your Program Director, attach to a CalSAWS Project Request in IT ServiceNow to initiate submission.**

SAWS Team PPOCs only: Please send the completed request to [CER@CalSAWS.org](mailto:CER@CalSAWS.org) and cc your RM.

Submission Date	12/18/2024
Title	Remove drug felony statement from CalSAWS E-Sig Attestation Script

Region #: 1	County Name: San Francisco	
Submitter: Humberto Trinidad	Email: <a href="mailto:jose.humberto.trinidad@sfgov.org">jose.humberto.trinidad@sfgov.org</a>	Phone: 415-557-6276

<b>Program(s) Impacted:</b>			
<input type="checkbox"/> Adoptive Services	<input type="checkbox"/> ARC	<input checked="" type="checkbox"/> CalFresh	<input type="checkbox"/> Cal-Learn
<input type="checkbox"/> CalWORKS / RCA	<input type="checkbox"/> CAPI	<input type="checkbox"/> Child Care	<input type="checkbox"/> CMSP
<input type="checkbox"/> Foster Care	<input type="checkbox"/> GA/GR	<input type="checkbox"/> GAIN/REP/WTW	<input type="checkbox"/> GROW
<input type="checkbox"/> Kin-GAP	<input type="checkbox"/> Medi-Cal / RMA	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other – specify CALM/CAPI			

<b>Area(s) Impacted:</b>			
<input type="checkbox"/> Call Center	<input type="checkbox"/> Case Assignment	<input type="checkbox"/> Central Print	<input checked="" type="checkbox"/> Client Correspondence
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Fiscal / Collections	<input type="checkbox"/> Hearings	<input type="checkbox"/> Imaging
<input type="checkbox"/> Lobby Management	<input type="checkbox"/> Reports	<input type="checkbox"/> Resource Data Bank	<input type="checkbox"/> Schedule Appt
<input type="checkbox"/> Security	<input type="checkbox"/> Self Service Portal	<input type="checkbox"/> Special Investigation	<input type="checkbox"/> Task Mgmt
<input type="checkbox"/> Time Limits	<input type="checkbox"/> Training		
<input type="checkbox"/> Interface(s) - specify			
<input type="checkbox"/> County Operational (ex. Business Reply Mail (BRM), EBT Printers, Change of Address, Opt In/Out, etc.) – specify			
<input type="checkbox"/> Other – specify			

# CalSAWS | Enhancement Request (CER)

## Justification / Request Summary:

### Issue:

Per ACL # 14-100, Individuals with a prior felony drug conviction are eligible to receive CalFresh benefits so long as the individual is compliant with the terms of their probation or parole.

However, a statement on the Electronic Signature Attestation script reads, “I understand that anyone who has been convicted since August 22, 1996 of a drug-related felony for manufacturing, sale or, distribution of a controlled substance or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive benefits,” which does not align with current policy.

Excerpt from CalSAWS Tele Sig Attestation Script:

- I understand that anyone who has been convicted since August 22, 1996, of a drug-related felony for manufacturing, sale or, distribution of a controlled substance or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive benefits.

## Proposed Recommendation:

Remove the statement from the attestation script since it no longer applies to individuals with a prior drug related felony.

## Priority/Implementation Consideration(s):

## CalSAWS Response:

CER Tracking #: (automatically generate by JIRA)	SCR #

# CalSAWS | Enhancement Request (CER)

---

Rejected By:

Date:

Rejection Reason(s) or other Comments: